Complete if Known Substitute for form 1449/PTO **Application Number** 10/699,460 11/3/03 Filing Date INFORMATION DISCLOSURE Naoki MAKITA First Named Inventor STATEMENT BY APPLICANT **Art Unit** (Use as many sheets as necessary) **Examiner Name** ANYA Sheet of **Attorney Docket Number** 70404.10

			U.S. PATEN	NT DOCUMENTS	
Examiner nitials*	Cite No.1	Document Number Number-Kind Code ^{2(if known)}	Publication Date MM -YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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